| 3793 COCONU<br>OVIEDO, FL 3                  | IT PALM CIRCLE<br>32765   |                              |   |            |
|--|---|------------------------------|---|------------|
| Current Mai                                  | iling Address:  |                              |   |            |
|  | NUT PALM CIRCLE<br>L 32765 US                                   |                              |   |            |
| FEI Number: 46-4826304 Certificate of Status |   |                              | Certificate of Status Des                 | ired: No   |
| Name and A                                   | Address of Current Registered Agent:                            |                              |   |            |
| EGGERT, SHA<br>3793 COCONL<br>OVIEDO, FL 3   | IT PALM CIRCLE  |                              |   |            |
| The above name                               | d entity submits this statement for the purpose of changing its | s registered office or regis | tered agent, or both, in the State of Flo | rida.      |
| SIGNATURE: SHARON EGGERT                     |   |                              |   | 01/16/2020 |
|  | Electronic Signature of Registered Agent                        |                              |   | Date       |
| Officer/Dire                                 | ctor Detail :   |                              |   |            |
| Title  | Ρ   | Title                        | VP  |            |
| Name   | EGGERT, SHARON  | Name                         | EGGERT, MICHAEL                           |            |
| Address                                      | 3793 COCONUT PALM CIRCLE  | Address                      | 3793 COCONUT PALM CIRCLE                  |            |
| City-State-Zip:                              |   | City-State-Zip:              | OVIEDO FL 32765                           |            |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON EGGERT

PRESIDENT

01/16/2020

Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P14000012222

## Entity Name: TWO EGGS JANITORIAL & MAINTENANCE, INC.

## **Current Principal Place of Business:**

FILED Jan 16, 2020 Secretary of State 9770905446CC

Date